

## NOTES FROM THE MEDICAL PRESS

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IN CHARGE OF  
ELISABETH ROBINSON SCOVIL

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**A SIMPLE TRUSS FOR CHILDREN.**—An efficient, cheap, and cleanly truss for use in cases of inguinal hernia in infants is described by Fiedler in the *Zentralblatt für Chirurgie*. It consists of an ordinary skein of zephyr wool which is provided at one end with two tapes. The skein is passed about the child's body, and the end having the tapes is slipped through the loop and across the inguinal region between the legs. It is then secured in this position by tying the tapes around the legs. A number of such skeins are kept on hand and washed as often as necessary. The efficiency of the device is increased by placing a small pad over the hernia.

This truss is well known in this country.

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**MEAT AS SOURCE OF CHRONIC OBSTIPATION.**—The *Journal of the American Medical Association*, quoting from *Therapie der Gegenwart*, Berlin, says: “Kohnstamm believes that there is some substance among the products of intestinal digestion of meat which has a direct inhibiting effect on peristalsis, or it may possibly act indirectly by checking the secretion of the intestinal walls and thus rendering the contents of the intestines drier, which in turn renders them less susceptible to the peristaltic action of the intestines. He advises constipated patients to refrain from meat, eating abundantly otherwise, with plenty of milk and butter. In from two to four days the bowels will be acting normally. Kohnstamm thinks that Nature intended man to eat like the monkeys, and that he is not a carnivorous animal.”

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**A CASE OF FROZEN FEET TREATED BY THERMAEROTHERAPY.**—The *Medical Record*, quoting from *Archives of Physiological Therapy*, says: “Francis S. Skiff had under his care a patient whose toes had been frozen. The toes of both feet were lifeless, and in half of each

foot when pricked with a needle there was little sensation. After treating the feet for three days with hot bichloride packs, the writer turned to local, dry, hot-air applications. The patient was made to place his feet in the apparatus at a temperature of 140-150° F., three or four times a day, for from an hour to an hour and a half each time, during a period of two weeks. After two treatments the patient felt better. The feet were finally saved with the exception of a part of the two great toes and the second toe. The after-treatment consisted of antiseptic dressings and irrigations with lysol or carbolic acid solution."

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STERILIZATION OF THE HANDS.—The *Birmingham Medical Review*, as quoted by the *Medical Record*, says: "Apropos of the various procedures in use for sterilizing the hands, Leedham-Green says that unless the hands are in an exemplary cosmetic condition good results cannot be obtained by any method. A roughened or chapped hand does not admit of disinfection. Even after the most prolonged and energetic washing of the hands in soap and hot water, it is not possible materially to diminish the number of microbes on them, and there is no advantage to be gained by unduly prolonging this washing process, as the hands never become sterile, and, owing to the loosening of the epidermis, generally appear more infected after than before the washing. The use of turpentine, benzoline, or xylol during or after the washing with soap and hot water, or of soaps to which antiseptics have been added, does not appreciably improve the results. The aqueous solutions of carbolic acid, lysol, perchloride, or biniodide of mercury are practically powerless to affect the microorganisms situated on the hands, and the use of these antiseptics after a thorough preliminary washing of the hands utterly fails to render them sterile. The use of a saturated solution of permanganate of potash followed by the application of strong oxalic acid gives wholly inadequate results. Alcohol, owing to its property of hardening and fixing the superficial cells of the epidermis and its marked bactericidal action, possesses a remarkable power of sterilizing the hands, far surpassing that of all other agents. Of all the methods tested, the best results were obtained by the following modification of Fürbringer's process: (a) The hands are first scrubbed for five minutes with soap and very hot water (about 50° C.), the water to be frequently changed. The use of sterile sea-sand as an addition to the nail-brush is an advantage. (b) The hands are then rubbed with methylated spirit for three minutes. (c) Afterwards scrubbed for a minute or two with 70 per

cent. sublimate-alcohol (1 in 1,000). (d) And finally rubbed until dry, and polished with a sterile cloth.'

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SPRAINS AND THEIR CONSEQUENCES.—W. Bennett in the *British Medical Journal*, according to an abstract in the *Medical Record*, divides sprains into three classes: 1st, those involving the soft parts only; 2d, those associated with fracture; and 3d, those with gross nerve injury. He notes that deferred or remote swelling in deep sprain may show itself a long way from the seat of the original injury in consequence of its being caused by the blood tracking along the fascial planes in the lines of least resistance. In all cases of sprain the first thing to determine is whether fracture coexists, and this can be done by radiography. We should next eliminate the existence of gross nerve lesion. If numbness is found and if it persists for more than twelve hours a gross lesion of the nerve branch is pretty certain. In sprains without swelling, the first indication is relief of pain. We should rest the part and exercise pretty firm compression. This having been effected, massage cannot commence too soon. If extravasation of blood is present, we should first stop the bleeding. Rest is the best remedy. Ice applications are practically useless, and in persons with renal lesions may easily cause sloughing. Hot fomentations, however, are often of value. The increase of the immediate swelling having ceased, should the part involved be a joint, firm pressure by means of a porous bandage, firmly and evenly applied for twenty-four hours, followed by massage, gives the best and quickest results. The use of impermeable rubber bandages is unadvisable. For the prevention of adhesions and muscle waste, voluntary movements, massage, and passive movements rank in the order mentioned. Slight voluntary movements cannot be commenced too soon; splints, therefore, should in a general way not be used. The patient should, in fact, from the earliest moment amuse himself by seeing how far the part, if a joint, can be bent without permanent increase of discomfort. Massage should not, except in special circumstances, be delayed for more than twenty-four hours or at the most thirty-six hours after the cessation of increase in the local swelling. Passive movements should follow freely as soon as all heat has left the damaged part. In regard to remote consequences of sprains, the author makes the following tabulation. Preventable consequences are persistent pain, stiffness, muscular wasting, general joint relaxation, and deformities. Unavoidable in certain cases are osteoarthritis, local paresis, and myositis ossificans.